

MEDICARE PLAN FINDER WORKSHEET

If you currently get your prescription drug coverage through TRICARE (military retiree benefits), the Department of Veteran Affairs (VA benefits), or FEHBP (Federal employee retirement benefits), it is almost always best to keep that current coverage without any changes. **You should contact your benefits administrator for information about your current benefits before making any changes.**

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[illegible][illegible]


First Name

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Year

Year

Year

MEDICARE		HEALTH INSURANCE	
			
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY			
JANE DOE			
MEDICARE CLAIM NUMBER		SEX	
000-00-0000-A		FEMALE	
IS ENTITLED TO		EFFECTIVE DATE	
MEDICAL		07-01-1986	
(PART A)		07-01-1986	
(PART B)			
SIGN HERE →			

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY		SEX	
JANE DOE		FEMALE	
MEDICARE CLAIM NUMBER		EFFECTIVE DATE	
000-00-0000-A		07-01-1986	
IS ENTITLED TO		EFFECTIVE DATE	
HOSPITAL		07-01-1986	
MEDICAL		07-01-1986	
SIGN HERE →			

7. What is your marital status?

- ☐ Married
☐ Single

8. Do you currently have Medicare Coverage? (Check all that apply)

- | | |
|----------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Original Medicare | <input type="checkbox"/> Medigap |
| <input type="checkbox"/> Medicare Health Plan | <input type="checkbox"/> I will be getting Medicare coverage soon |
| <input type="checkbox"/> Medicare Prescription Drug Plan | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> I don't know |

9. What type of plan do are you looking for?

- | | |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Medicare Advantage or other Medicare Plans
(Plans that cover only health care) | <input type="checkbox"/> Both - plans that cover both health care
and prescription drug plans |
| <input type="checkbox"/> Medicare Prescription Drug Plans
(Plans that cover only prescription drugs) | <input type="checkbox"/> I don't know |

10. Did you receive a letter from Medicare or Social Security that said you are either eligible for or qualified for Extra Help paying for your Medicare Prescription Drug Plan costs (premium, deductible, and drug costs)?

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Yes, I received a letter from Medicare | <input type="checkbox"/> No, I did not receive a letter |
| <input type="checkbox"/> Yes, I received a letter from Social Security | <input type="checkbox"/> I don't know |

If you received one of these letters, please find it and keep it with this worksheet. You will need to refer to this letter for information when you are choosing a prescription drug plan.

11. Do you get help from Medicare or your state to pay your Medicare prescription drug costs?

- | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> I get help from Medicaid | <input type="checkbox"/> I get Supplemental Security Income |
| <input type="checkbox"/> I qualified for Extra Help through Social Security | <input type="checkbox"/> I belong to a Medicare Savings Program (MSP) |
| <input type="checkbox"/> I pay \$2.50 – \$6.30 for covered drugs | <input type="checkbox"/> No subsidy |
| <input type="checkbox"/> I pay 15% coinsurance for covered drugs | <input type="checkbox"/> I don't know |

12. Some people with limited income and resources are eligible for Extra Help to pay costs associated with their Medicare Prescription drug plan. Are your combined savings, investments and real estate (other than your home) worth more than:

- \$12,510 if you are single, a widow(er) or your spouse does not live with you; or
- \$25,010 if you are married and living together?

Include the things you own by yourself, with your spouse or with someone else. **Do NOT include your home, vehicles, burial plots, or personal possessions.**

- | | |
|------------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> No* | |

* If you answered "No," you may be eligible for extra help in paying for your prescription drug costs. For more information, see the Social Security Administration's website at www.socialsecurity.gov or call 1-800-772-1213.

13. Which drugs do you currently take?

Please enter your prescription drugs. This will help estimate your costs and allow you to see which plans cover your drugs. The site doesn't show pricing for over the counter drugs or diabetic supplies (e.g. test strips, lancets, needles). Please contact the plan for more information on those items.

If you do not enter a drug list, Plan Finder will display prices that include estimated costs for all plans based on national averages that may or may not be close to what you will actually pay. If you wish to enter your drugs to view the most accurate pricing estimates please click

Drug Name	Dosage	30-Day Qty	Monthly Cost

14. Is there a pharmacy you prefer to use?

- ☐ Yes (if yes, please provide the name and address of your preferred pharmacy)
☐ No

Name of Pharmacy

Street Address

City

State

ZIP Code

Importance of pharmacy selection

Please select up to two pharmacies. If your pharmacy isn't in a plan's network, the cost you will see is the full price of the drug with no insurance. Note that some plans may charge lower drug prices at preferred pharmacies and higher prices at non-preferred pharmacies.

If you do not select a pharmacy, your estimated costs may be significantly higher and may be different than the cost at your pharmacy. Please select a pharmacy to get more accurate estimates of how much your prescription drugs will cost.

What Should I Do with My Completed Worksheet?

Once you complete this worksheet, you can use it to find a Medicare drug plan that meets your needs. Keep this worksheet with you when you:

- Meet with an outreach counselor, such as a State Health Insurance Assistance Program (SHIP) counselor or someone at your local senior center;
- Visit the www.medicare.gov website; or
- Call Medicare at 1-800-MEDICARE (1-800-633-4227) to speak with a Customer Service Representative. (TTY users should call 1-877-486-2048).